

**SCHOOL DIABETES ORDERS**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SCHOOL #: \_\_\_\_\_

GRADE \_\_\_\_\_ CLASS: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

Diagnosis: (circle one) Diabetes: Type I; Type II; undetermined

Physician treating student for Diabetes: \_\_\_\_\_

NAME

PHONE

FAX

Current Insulin Type and Dose: AM \_\_\_\_\_ PM \_\_\_\_\_ HS \_\_\_\_\_

**MEDICAL PROVIDERS ORDER'S: (check applicable orders)**

☐ **1. BLOOD GLUCOSE TESTING:** Blood glucose testing is to be performed before lunch, whenever the child feels hypo- or hyperglycemic, and whenever the child exhibits signs and symptoms of hyper- or hypoglycemia or feels ill in any way. See emergency protocols.

☐ **2. GLUCAGON:** Glucagon (1mg in 1 cc) is to be kept in the health suite. This is to be administered ( \_\_\_\_cc) subcutaneously in the arm or leg if the child is unconscious.

☐ **3. EMERGENCY FOOD:** Sugar containing food such as regular soda (not diet), orange or apple juice, candy, honey, 8-D tablets (specify amount: \_\_\_\_tablets), or cake-mate icing should be kept in the health suite at all times to treat hypoglycemia. Additionally, the child must keep a form of emergency food with him/her at all times during the school day.

☐ **4. SNACKS & LUNCH:** The child must be able to eat snacks and lunch on time. Quiet snacks should be eaten in the classroom to avoid missed instruction time, time for snacks is \_\_\_\_/ \_\_\_\_\_. Do not give the snack if the Blood Glucose is over \_\_\_\_mg/dl.

☐ **5. URINE TESTING:** Test urine for ketones when blood glucose is greater than \_\_\_\_mg/dl. If the urine shows ketones, encourage the child to drink non-caloric fluids, like diet soda or water, \_\_\_\_ ounces. The child should not engage in intense physical activity until urine ketones have cleared.

☐ **6.** If urine ketones are moderate to large, add an extra \_\_\_\_ unit(s) of Regular/Humalog Insulin to the insulin dose.

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☐ **7. INSULIN:** Regular/Humalog insulin and insulin syringes are to be kept in the Health Suite. The school nurse may administer Regular/Humalog insulin according to the following guidelines:

☐ **7a. BEFORE LUNCH:**

☐ Notify the physician and parent for Blood Glucoses less than \_\_\_\_\_ mg/dl or greater than \_\_\_\_\_ mg/dl and/or the student shows symptoms of hypoglycemia or hyperglycemia.

**IF BLOOD GLUCOSE IS:**

less than \_\_\_\_\_ mg/dl

Hold insulin, give \_\_\_\_\_.  
Recheck BG in \_\_\_\_\_ hour(s).

**IF BLOOD GLUCOSE IS:**

\_\_\_\_\_ mg/dl

\_\_\_\_\_ mg/dl

\_\_\_\_\_ mg/dl

\_\_\_\_\_ mg/dl

**GIVE:**

\_\_\_\_\_ unit(s)

\_\_\_\_\_ unit(s)

\_\_\_\_\_ unit(s)

\_\_\_\_\_ unit(s)

☐ **7b. AFTER LUNCH:**

☐ Notify the physician and parent for Blood Glucose less than \_\_\_\_\_ mg/dl or greater than \_\_\_\_\_ mg/dl and/or the student shows symptoms of hypoglycemia or hyperglycemia.

**IF BLOOD GLUCOSE IS:**

\_\_\_\_\_ mg/dl

\_\_\_\_\_ mg/dl

\_\_\_\_\_ mg/dl

\_\_\_\_\_ mg/dl

**GIVE:**

\_\_\_\_\_ unit(s)

\_\_\_\_\_ unit(s)

\_\_\_\_\_ unit(s)

\_\_\_\_\_ unit(s)

☐ **8.** Notify a parent and retest the blood glucose within 2 hours each time insulin is given.

☐ **9.** FAX Diabetic Record every \_\_\_\_\_ to (\_\_\_\_\_) \_\_\_\_\_  
FAX number

☐ **10. OTHER:** \_\_\_\_\_  
\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_